FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D





SEC USE ONLY



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR DATE RECEIVED UŅIFORM LIMITED OFFERING EXEMPTION

Name of Offering (PROCESSE
Filing Under (Check box(es):that apply): Rule 5 Type of Filing: New Filing Amendment	•	FEB 0 8 2007
	A, BASIC IDENTIFICATION DATA	<i>D</i>
1 Enter the information requested about the issuer		YHOMSON FINANCIAL
Name of Issuer (check if this is an amendment an	d name has changed, and indicate change.)	TIVOTO
Crosscut LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1000 Second Ave., Ste. 3700, Seattle, WA 9810)4	206-674-6322
Address of Principal Business Operations (if different from Executive Offices) Same	(Number and Street, City, State, Zip Code)	<u> </u>
Brief Description of Business		
Operation of on-line forum for local news, analyst	sis and commentary	
Type of Business Organization		
	artnership, already formed other (artnership, to be formed	please specify): Limited liability company
Actual or Estimated Date of Incorporation or Organizat Jurisdiction of Incorporation or Organization: (Enter to . CN to		imated ce: MA
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years: Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Brewster, David Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Second Ave., Ste. 3700, Seattle, WA 98104 Check Box(es) that Apply: **✓** Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director Managing Partner . Full Name (Last name first, if individual) Raff, Douglass Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Fourth Ave., Ste. 4500, Seattle, WA 98154 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Alberg, Tom Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Second Ave., Ste. 3700, Seattle, WA 98104 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Taylor, Chuck Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Second Ave., Ste. 3700, Seattle, WA 98104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 13	NFORMAT	ION ABOU	T OFFERI	NG					
L. H	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										Yes [No 🗷		
2. W												s	5,000.00	
3. D	3. Does the offering permit joint ownership of a single unit?											Yes	No	
												×	E	
H or a	f a perso r states broker	on to be lis . list the na or dealer,	ted is an assume of the b you may s	sociated pe roker or do et forth the	erson or age caler. If mo	nt of a brok ere than five	er or deale (5) persor	r registered is to be list	l with the S ed are asso	EC and/or	he offering, with a state sons of such			
	lame (I	ast name	first, if indi	ividual)	•									
N/A Busine	ess or I	Residence	Address (N	lumber and	l Street. Ci	tv. State. Z	ip Code)							
						<u> </u>							· · · · · · · · · · · · · · · · · · ·	
Name	of Ass	ociated Br	oker or De	aler										
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>						
((Check '	'All States	or check	individual	States)		***************************************	,			***************************************		II States	
	AL	AK	\overline{AZ}	AR	CA	<u>CO</u>	CT	DE	DC	FL	GA	Ш	ID	
_	II.	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RL	NE SC	NV SD	NH (TN)	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
- I I N	1 4													
run N	tame (1.	last name	first, if indi	(Vidual)										
Busine	ess or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)							
Name	of Ass	ociated Br	oker or Dea	aler	 .								<u> </u>	
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
((Check :	'All States	or check	individual	States)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••		***************************************			All States		
Z	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL.	GA	Ш	[ID]	
_	IL.	ĪN	IA	KS	KY	ĹA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV		OR WY	PA PR	
			first, if indi											
Busine	ess or	Residence	Address (?	Number an	d Street, C	ity, State, 7	Zip Code)							
Name	of Ass	ociated Br	oker or Dea	aler										
States	in Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers							
(0	Check :	'All States	" or check	individual	States)			,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ A	II States	
[7	AL.	ĀK	ΔZ	ĀŔ	CA	CO	CT	[DE]	DC	FL	GA	HE	ID	
_	IL.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH]	OK WI	OR WY	PA PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		regate ng Price	Α	mount Already Sold
	Debt	S		S _	
	Equity	S		\$ _	
	Common Preferred				
	Convertible Securities (including warrants)	S		S _	
	Partnership Interests	<u> </u>		S _	
	Other (Specify LLC Interests, Class A)	55	00,000,00	S_	80,000.00
	Total	55	00.000,00	\$_	80,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		nber estors	I	Aggregate Dollar Amount of Purchases
	Accredited Investors		5	\$	80,000.00
	Non-accredited Investors			\$.	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Seci	e of irity	ı	Dollar Amount Sold
	Rule 505			S	
	Regulation A			S.	
	Rule 504			S	
	Total			\$_	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs		🗸	\$_	500.00
	Legal Fees			\$_	5,000.00
	Accounting Fees			\$_	
	Engineering Fees			S _	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify)			\$_	
	Total			\$	5,500.00

L	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$	494,500.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers. Directors. & Affiliates	P	ayments to Others
	Salaries and fees		_ 🗆 \$_	
	Purchase of real estate		_ 🔲 \$_	
	Purchase, rental or leasing and installation of machinery and equipment		_ []\$_	
	Construction or leasing of plant buildings and facilities		_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			
	Repayment of indebtedness			
	Working capital			
	Other (specify):			
			- 🗀 ~	
		 \$	\$_	
	Column Totals	\$	✓ \$_	494,500.00
	Total Payments Listed (column totals added)	Z \$_	494,500	0.00
	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F	sion, upon writt	ile 505. en reque	the following st of its staff,
Iss	uer (Print or Type) Signature	Date		
Cr	osscut LLC Dem Vacuta	1/26/0	フ	
Na	me of Signer (Print or Type) Title of Signer (Print or Type)	<u> </u>		
Da	avid Brewster CEO/Manager			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ¥
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is D (17 CFR 239.500) at such times as required by state law.	filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ation furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be elimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer classified of this exemption has the burden of establishing that these conditions have been satisfied.		
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beh thorized person.	alf by the	undersigned
Issuer (Print or Type) Signature Date		
Crosso	sut LLC James Senter /26/0	7	
Name (Print or Type) Title (Print or Type)		

CEO/Manager

E. STATE SIGNATURE

Instruction:

David Brewster

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 4 2 3 ı Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price explanation of to non-accredited Type of investor and amount purchased in State waiver granted) investors in State offered in state (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Investors Investors Yes No State Yes No Amount Amount AL AK AZAR $\mathsf{C}\mathsf{A}$ CO CT DE DC FLGAШ ID 11. IN ĮΑ KS KY LA ME MDMA MI MN MS

2 3 4 ı Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount Investors Amount Yes No State MO МТ NE NVNH NJ NM NYNÇ ND ОН OK OR PA RI SC SD TN TXUT VTVA\$500,000 LLC 5 N/A WA X \$80,000.00 N/A X Interests WVWI

APPENDIX

				APP	ENDIX						
1		2	3		4						
	to non-a	to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and exp amount purchased in State wai (Part C-Item 2) (Part			amount purchased in State				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No		
WY											
PR											

